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99396

State of Nebraska
Investigator's Motor Vehicle Accident Report

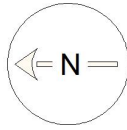
Sheet 1 of 3

2	Total Number of Vehicles	Local No./ District 151	Agency Case No. B6-044118	HIT & RUN? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	L 1
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 05/20/2016		TIME OF ACCIDENT 1135	STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1217	05/20/2016	
B	68	ROAD ON WHICH ACCIDENT OCCURRED STREET/HIGHWAY NO. PARKING LOT 151 SW 48TH STREET			ONE-WAY STREET? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	LATITUDE
C	1	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE
D	1	IF AT INTERSECTION		IF NOT AT INTERSECTION		
		NAME OF INTERSECTING ROADWAY		X FEET <input type="checkbox"/> MILES N S E W OF NEAREST STREET, BRIDGE, RAILROAD CROSSING		
		500.00		X WEST O STREET		
V1/M	20	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN				
V2/M	20	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN
E	4	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
F	1	VEHICLE NO. 1				
		DRIVER LICENSE NO.	STATE (Of License)		SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	
V1/N	1	PARKED UNATTENDED		PHONE	LOCAL NO.	
V2/N	1	DRIVER ADDRESS CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	LOCAL NO.	
G	1	OWNER MARIA R PEREZ		PHONE 4027301745	H/F 04-12-1981	
		OWNER ADDRESS CITY, STATE, ZIP		CITATION <input type="checkbox"/> PENDING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CITATION NO.	
H	5	LICENSE PLATE TE NO. 224582	YEAR 1996	MAKE	MODEL 8000	BODY STYLE Single Unit Tru
V1/O	2	VEHICLE 1996	MAKE	MODEL 8000	COLOR white	ESTIMATED DAMAGE <input type="checkbox"/> TOALED \$ 3500
V2/O	5	VEHICLE ID NO. (V1/N) 1HSHCAHR8TH373366	TOWED TO		TOWED BY	POLICY NO.
I	1	VEHICLE NO. 2				
		DRIVER LICENSE NO.	STATE (Of License)		SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	
V1/P	8	DRIVER		PHONE	LOCAL NO.	
V2/P	8	DRIVER ADDRESS CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	LOCAL NO.	
J	01	OWNER VPA TRUCKING		PHONE 905-275-2229	LOCAL NO.	
		OWNER ADDRESS CITY, STATE, ZIP		CITATION <input type="checkbox"/> PENDING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CITATION NO.	
V1/Q	4	LICENSE PLATE XT NO. 79022R	YEAR	MAKE	MODEL	BODY STYLE
V2/Q	4	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE
K	01	VEHICLE ID NO. (V1/N)	TOWED TO		TOWED BY	POLICY NO.
		2008254		MARKET INSURANCE OF CANADA		
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region
	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	4 Injury Sev.	5 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region
	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	4 Injury Sev.	5 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region
	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	4 Injury Sev.	5 Trans.	SEX M F

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B6-044118

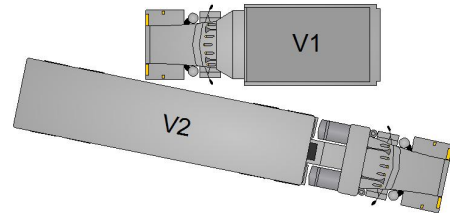


Parking Lot 151 Southwest 48th Street
Shoemaker's Truck Stop

L E G E N D

POI, Undetermined, vehicles moved.

Vehicle #2 unknown



Not To Scale

DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Witness said that he observed Vehicle #1 was parked, unattended in the parking lot of the truck stop, facing South. He also observed an unknown Vehicle #2, that was Southbound in the parking lot, passing Vehicle #1, and attempting to make a right turn. Witness said that the left rear of the trailer of Vehicle #2 struck the left front of Vehicle #1. After striking Vehicle #1, the Witness sounded a horn, and Vehicle #2 stopped. Witness said he spoke to driver of Vehicle #2 and pointed out the damage to Vehicle #1. Witness said that Driver of Vehicle #2 denied the damage and left the scene. Witness obtained the trailer license plate number, and carrier information from the trailer. Additional information regarding Vehicle #2 was obtained from the company website. Calls to owner of Vehicle #2 were not answered, telephone number disconnected.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME JEFFREY L STREETER 3140 SOUTHEAST DRIVE, WICHITA FALLS, TX 76306				PHONE 2142448661
	NAME				PHONE

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA <small>(Enter numbers for each vehicle)</small>				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS			
VEH NO.	N	S	E	W	VEHICLE 1		VEHICLE 2								
1		X			PARKING LOT										
2		X			PARKING LOT										
1	10	06 Turning left			POINT OF IMPACT	08	POINT OF IMPACT	06	1 Deployed - front 2 Deployed - side 3 Deployed - both front/side 4 Not deployed 5 Not applicable/ No airbag available 6 Unknown		1 None used - vehicle occupant 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 DOT approved helmet used 8 Costume helmet used 9 Restraint use unknown		ALCOHOL TESTING Driver No. 1: Y, Driver No. 2: Y, Pedestrian: Y		
2	05	08 Entering traffic lane			MOST DAMAGED AREA	08	MOST DAMAGED AREA	06					ALCOHOL LEVEL TESTED N X, N X, N		
01 Essentially straight ahead 02 Backing 03 Changing lanes 04 Overtaking/ Passing 05 Turning right				09 Leaving traffic lane 10 Parked 11 Slowing or stopped in traffic 12 Other 13 Unknown				00 None 09 Top & windows 10 Undercarriage 11 Total (all areas) 12 Other				BAC LEVEL		ALCOHOL/ DRUGS SUSPECTED Driver No. 1: 5, Driver No. 2: 5	
06 Turning left 07 Making U-turn 08 Entering traffic lane				09 Leaving traffic lane 10 Parked 11 Slowing or stopped in traffic 12 Other 13 Unknown				00 None 09 Top & windows 10 Undercarriage 11 Total (all areas) 12 Other				1 Neither alcohol nor drugs suspected 2 Yes - alcohol suspected 3 Yes - drugs suspected 4 Yes - alcohol & drugs suspected 5 Unknown			

OFFICER NO. 956	TROOP/ TEAM/ BEAT NW	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) Chris Ehrhorn		INVESTIGATOR SIGNATURE Approved by Chris Ehrhorn	DATE OF REPORT 05/20/2016

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State of Nebraska

Investigator's Supplemental Truck and Bus Accident Report

This form must be completed in **addition** to the DR Form 40, "Investigator's Motor Vehicle Accident Report," if any of the vehicles involved meet the criteria listed on the back of this form.

Sheet 3 of 3

LOCAL NO./DISTRICT 151		DATE OF ACCIDENT 05/20/2016	COUNTY Lancaster	CITY Lincoln	STATE USE ONLY	
AGENCY CASE NO. B6-044118		OCCURRED ON HIGHWAY/ROAD/STREET PARKING LOT 151 SW 48TH STREET				
TRUCK / BUS - 1						
DRIVER (Print or type full name) PARKED UNATTENDED				CARRIER IDENTIFICATION 1 U.S. DOT 2382358		1 ICC MC
CARRIER NAME (Print or type full name) 402 TRUCKING				GROSS VEHICLE WEIGHT RATING (GVWR) or GROSS COMBINATION VEHICLE WEIGHT RATING (GCVWR) (Combined rating for vehicles and trailers) <input type="checkbox"/> 10,000 Lbs. or Less (Requires Haz Mat Placards) <input checked="" type="checkbox"/> 10,001 Lbs. – 26,000 Lbs. <input type="checkbox"/> More than 26,000 Lbs.		
CARRIER ADDRESS (Street or R.F.D.) 1409 FOREST AVENUE, CRETE, NE 68333				CITY, STATE, ZIP		
TRAILER LICENSE PLATE No.		Year	State		VEHICLE CONFIGURATION (Check one)	
COMMERCE CLASSIFICATION (Check one)		TRUCK WIDTH (Widest part of truck or trailer)		DRIVER'S LICENSE CLASS CODE		CARGO BODY TYPE (Check one)
1 <input type="checkbox"/> Interstate Commerce 2 <input type="checkbox"/> Intrastate Commerce 3 <input checked="" type="checkbox"/> Not Applicable		1 <input checked="" type="checkbox"/> 96 inches 2 <input type="checkbox"/> 102 inches 3 <input type="checkbox"/> Other (Specify)		A <input type="checkbox"/> M <input type="checkbox"/> B <input type="checkbox"/> O <input type="checkbox"/> C <input type="checkbox"/>		
HAZARDOUS MATERIAL INVOLVED				2 <input checked="" type="checkbox"/> Single-Unit Truck (10,001–26,000 Lbs. GVWR) 3 <input type="checkbox"/> Single-Unit Truck (Greater than 26,000 Lbs. GVWR) 4 <input type="checkbox"/> Truck Tractor (bobtail) 5 <input type="checkbox"/> Truck with Trailer 6 <input type="checkbox"/> Tractor with Semi-Trailer 7 <input type="checkbox"/> Tractor with Doubles 8 <input type="checkbox"/> Tractor with Triples 9 <input type="checkbox"/> Unknown Heavy Truck 37 <input type="checkbox"/> Bus (seats 9-15, including driver) 38 <input type="checkbox"/> Bus (seats 15+, including driver) 39 <input type="checkbox"/> Haz Mat Passenger Car 40 <input type="checkbox"/> Haz Mat Light Truck (van, mini van, pickup, sport utility) (10,000 Lbs. or less GVWR)		
Did vehicle have a Haz Mat Placard? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		Placard Information: 1-Digit Hazard Class Number from bottom of Diamond Placard. 1-Digit No. _____		Was hazardous cargo released? (Do not count fuel from fuel tank) 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		BUS USE 1 <input checked="" type="checkbox"/> Not a Bus 2 <input type="checkbox"/> Transit Bus 3 <input type="checkbox"/> Charter Bus 4 <input type="checkbox"/> School Bus 5 <input type="checkbox"/> Intercity Bus 6 <input type="checkbox"/> Not Reported 7 <input type="checkbox"/> Other
TRUCK / BUS - 2						
DRIVER (Print or type full name) VPA TRUCKING				CARRIER IDENTIFICATION 1 U.S. DOT		
CARRIER NAME (Print or type full name) VPA TRUCKING				GROSS VEHICLE WEIGHT RATING (GVWR) or GROSS COMBINATION VEHICLE WEIGHT RATING (GCVWR) (Combined rating for vehicles and trailers) <input type="checkbox"/> 10,000 Lbs. or Less (Requires Haz Mat Placards) <input checked="" type="checkbox"/> 10,001 Lbs. – 26,000 Lbs. <input type="checkbox"/> More than 26,000 Lbs.		
CARRIER ADDRESS (Street or R.F.D.) 2550 Goldenridge Rd, Mississauga,				CITY, STATE, ZIP		
TRAILER LICENSE PLATE No.		Year	State		VEHICLE CONFIGURATION (Check one)	
COMMERCE CLASSIFICATION (Check one)		TRUCK WIDTH (Widest part of truck or trailer)		DRIVER'S LICENSE CLASS CODE		CARGO BODY TYPE (Check one)
1 <input checked="" type="checkbox"/> Interstate Commerce 2 <input type="checkbox"/> Intrastate Commerce 3 <input type="checkbox"/> Not Applicable		1 <input checked="" type="checkbox"/> 96 inches 2 <input type="checkbox"/> 102 inches 3 <input type="checkbox"/> Other (Specify)		A <input type="checkbox"/> M <input type="checkbox"/> B <input type="checkbox"/> O <input type="checkbox"/> C <input type="checkbox"/>		
HAZARDOUS MATERIAL INVOLVED				2 <input type="checkbox"/> Single-Unit Truck (10,001–26,000 Lbs. GVWR) 3 <input type="checkbox"/> Single-Unit Truck (Greater than 26,000 Lbs. GVWR) 4 <input type="checkbox"/> Truck Tractor (bobtail) 5 <input type="checkbox"/> Truck with Trailer 6 <input checked="" type="checkbox"/> Tractor with Semi-Trailer 7 <input type="checkbox"/> Tractor with Doubles 8 <input type="checkbox"/> Tractor with Triples 9 <input type="checkbox"/> Unknown Heavy Truck 37 <input type="checkbox"/> Bus (seats 9-15, including driver) 38 <input type="checkbox"/> Bus (seats 15+, including driver) 39 <input type="checkbox"/> Haz Mat Passenger Car 40 <input type="checkbox"/> Haz Mat Light Truck (van, mini van, pickup, sport utility) (10,000 Lbs. or less GVWR)		
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INVESTIGATOR NAME (Print or type) Chris Ehrhorn		INVESTIGATOR SIGNATURE Approved by Chris Ehrhorn		DEPARTMENT Lincoln Police Department		OFFICER NO. 956
						DATE OF REPORT 05/20/2016